

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

1030402

FILING DATE

1/20/05

APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2	1		1		1	
3		1		1		1
4		2		2		2
5	1		1		1	
6	1		1		1	
7	1		1		1	
8	1		1		1	
9	1		1		1	
10	1		1		1	
11	1		1		1	
12		3		3		3
13		3		3		3
14		3		3		3
15		3		3		3
16	1		1		1	
17	1		1		1	
18	1		1		1	
19	1		1		1	
20		3		3		3
21	1		1		1	
22	1		1		1	
23		1		1		1
24		1		1		1
25		1		1		1
26	1		1		1	
27	1		1		1	
28	1		1		1	
29		1		1		1
30	1		1		1	
31	1		1		1	
32	1		1		1	
33	1		1		1	
34		3		3		3
35		3		3		3
36		3		3		3
37		3		3		3
38		3		3		3
39		3		3		3
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	22		22		22	
TOTAL DEP.	40		40		40	
TOTAL CLAIMS	62		62		62	

BEST AVAILABLE COPY